

FACTS AT A GLANCE

Tuberculosis in Texas

There were 1,992 TB cases reported in Texas in 1997, a 5.3% decline from the number of cases in 1996 and a 21.1% decline from the height of the upsurge of cases in 1991.

Fifty years ago in 1948, there were over 13,000 TB cases reported in Texas.

Twenty years from now, we expect to have 1,355 TB cases.

The number of cases per 100,000 population in Texas was 10.3 for 1997. Fifty years ago the rate was approximately 170 cases per 100,000 population.

Over the last ten years only 17 of the 254 counties in Texas have not reported a TB case. The ten counties in Texas with the highest numbers of cases have a combined total of 1,487 cases or 74.6% of the total cases in the State.

County	Cases	County	Cases
Harris	623	El Paso	76
Dallas	289	Travis	75
Tarrant	108	Cameron	62
Bexar	101	Nueces	43
Hidalgo	78	Webb	32

In 1997, at least 32% of cases were foreign born. In 1993, 23% were foreign born, and in 2017 we expect 72% of the TB cases to be foreign born.

Substance abuse is associated with 17% of the cases reported in 1997, compared with 11.3% in 1993.

HIV infection in TB cases went from 6.5% in 1988 to 13.7% in 1993 and to 10.7% in 1997.

10% of the TB cases reported in 1997 had diabetes, compared with 5.5% of the cases in 1993.

In 1997, 12% of TB cases were in jail or prison, compared with 9.1% of the cases in 1993.

6.7% of cases in 1997 were homeless, compared with 3% in 1993.

Black males are 4 to 5 times more likely than White males to have TB and Hispanic males are 2 to 3 times more likely than White males to have TB. In Texas in 1997, 66% of the TB cases were male.

Preliminary reports indicate that there were 10 cases in Texas with highly drug-resistant TB in 1997, a decrease from the 26 cases in 1993. Eighty percent of these cases were foreign born. We predict 30 cases of highly drug-resistant TB in 2017.

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Background Information on the Kennedy Report of TDH Hospitals

March, 1996: A survey of TDH Hospitals by TDH Hospital Licensure Division was requested based upon the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) Hospital Standards. The Licensure survey showed Life Safety Code (LSC) deficiencies.

July, 1996: David Sine, JCAHO consultant, delivered the JCAHO Plan for Improvement (PFI), which listed an estimated \$870,000 for Life Safety improvements for patient care areas of both hospitals. (\$478,500 at TCID and \$391,500 at STH)

David Sine's estimate did not include the costs of other construction work required by code and law that must be performed during the LSC improvements.

November, 1996: JCAHO surveyed both Hospitals and accepted the "Plan for Improvement". JCAHO expects to see demonstration of a reasonable effort to correct those deficiencies.

December, 1996: TDH requested General Services Commission (GSC) to hire an architectural engineering firm with hospital expertise as recognized by the American Hospital Association.

January, 1997: GSC hired Kennedy & Associates, Incorporated, St. Louis, Mo. to report estimated costs to bring hospitals into compliance with standards and make recommendations for immediate work that should be accomplished in FY 98-99.

February, 1997: The Kennedy report:

Recommended \$5.6 million for immediate funds in FY 98-99 for:

- mold and mildew abatement**
- minimal ADA and accessibility requirements**
- asbestos abatement in accessible areas**
- minimal health and safety improvements**

Calculated \$43.5 million in renovations to correct health, safety and major code deficiencies to meet today's standards and the current Life Safety Code requirements for all buildings:

Major health, safety and deficiency upgrades and improvements

- asbestos abatement throughout the facilities**
- ADA accessibility requirement renovation**
- general building construction and renovation**
- mold and mildew abatement**
- ceilings**
- medical air piping and distribution**
- fire sprinkler systems**
- fire alarm systems**
- emergency power systems**
- supply air, exhaust, ventilation and filtration systems for isolation areas**

Current building codes and standards require all construction which is removed from the buildings to be replaced with new construction which meets code requirements. The narrow focus of the David Sine report, addresses costs to repair or replace only the building elements which are identified as non-code compliant. The Kennedy Report's cost estimates reflect amounts necessary to renovate all buildings to comply with current state requirements for exiting, ventilation, medical air, controlled environment, fire alarm systems, selective demolition, upgrade or replacement of incidental construction, and other critical requirements.

Recommendation: Instead of major renovations listed above to 40 year old buildings, TDH should build new facilities.

Use Of The Kennedy & Assoc. Report In Developing The Long Range Plan

To prevent duplication of cost, the RFP required;

“a study of the architectural and engineering issues related to all services provided at the TDH hospitals; estimates developed by Kennedy Associates, Inc., and Sine and Associates, Inc. must be used in regards to costs for renovation and improvements to comply with the applicable standards; plan specifications and drawings will not be required”.

Tonn and Associates selected Health Facility Planners, Inc., a health care planning firm, to evaluate the campus and physical facilities and review previous documents, including the Kennedy report, to calculate a functional planning resource reference to understand building systems and the state of the structures at the TDH hospitals to aid in evaluation of option:

Other Information On Kennedy And Associates, Incorporated

Currently Kennedy and Associates are the GSC selected Architects for the Capitol Complex Lot 20 Parking Garage, estimated cost of \$ 11.8 million.

Kennedy and Associates have worked with state agencies, and were recommended for the TDH work by the General Services Commission staff. Projects have been:

**North Housing Units, Dallas Housing Authority
Titche Elementary School, Dallas Independent School District
Missouri Veterans Home, State of Missouri
St.Louis City Justice Center, St.Louis, Mo.
University Center, University of Missouri, St.Louis, Mo.
Metro High School, St. Louis Public Schools, St. Louis, Mo.
Lambert-St.Louis International Airport, St.Louis, Mo.**

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Indigent Care at TDH Hospitals

The TDH hospitals are not required to provide indigent health care under Health and Safety Code (HSC) Ch 13, relating to TDH hospitals; HSC Ch. 61, relating to the Indigent Health Care and Treatment Act; nor under HSC Ch. 81, relating to Communicable Diseases. The TDH hospitals are explicitly entitled under HSC Ch. 13.040 to reimbursement for the care of a patient who is eligible for assistance from a county or public hospital. HSC Ch. 13.002 specifically limits the type of patient eligible for treatment at a TDH hospital and states “. . . This section does not require the board or department to . . . provide treatment for a particular medical need at any hospital.” Additionally, HSC Ch. 13.004 states that any expenses incurred by the TDH hospitals for patients/residents transferred from TDMHMR shall be borne by TDH.

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South Texas Hospital

South Texas Hospital (STH) opened in 1956 as the Harlingen State Tuberculosis Hospital with bed capacity of 565. The mission of the hospital later expanded to include other chronic diseases. With changing patterns of care for patients with tuberculosis, the utilization of inpatient beds for treatment was dramatically reduced. Following the pattern established in other state chest hospitals, in 1985 three buildings were transferred from the Harlingen State Chest Hospital for relocation of the Rio Grande State Center for Mental Health and Mental Retardation, also located in Harlingen. A tradition of sharing services between Rio Grande State Center and the hospital began at that time and continues today. Also in 1985, the Legislature broadened the mission and changed the name of the facility to South Texas Hospital.

South Texas Hospital is a multi-unit facility with 65 useable inpatient beds, surgery, and administrative offices in one structure; two large adjoining clinic structures; and various support structures. Hospital services are available for residents of the State of Texas, but the residents and programs in Cameron, Willacy, Starr, and Hidalgo counties are its primary customers.

Inpatient, outpatient, reference, and education programs are dedicated to deliver and support needed public health services for programs sponsored and funded by the Texas Department of Health, including:

- **Care for patients with tuberculosis and complicating illnesses;**
- **Treatment and clinical support for diabetic, surgical, complicated TB, pediatric, and women's health needs; and**
- **Clinical and reference diagnostic services supporting TDH-sponsored programs and Public Health Region 11 services.**

Governance for South Texas Hospital is delegated by the Texas Board of Health to the Hospital Oversight Committee functioning under bylaws established as Board rules. The Board of Health has custody, jurisdiction and control of the maintenance and operation of the hospitals, and has ultimate responsibility for the quality of care provided.

The Commissioner of Health appoints each Hospital Oversight Committee to fulfill all duties regarding the hospital imposed on the Board by law. The committee functions in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for hospital governance and fulfills the responsibilities of governance, with the exception of the non-delegable power and duty of the Board to adopt rules. The Commissioner directly appoints the Hospital Director to administer the hospital.

1997 Data-South Texas Hospital

Total admissions:	573
TB admissions	98
Surgical admissions	348
Other admissions	127
Average length of stay for TB adm.	79
Average daily census:	32 patients (all diagnoses)
Female patient admissions:	78%

Principal age groups: 25-44	41.4%
45-64	41.7%
Ethnicity:	96.2% Hispanic
Total outpatient visits:	28,880
Medical	27,299
GYN clinics	791
Pediatric clinics	790
Staffing (non-physician)	286 full-time employees
Annual Payroll	\$6.2 million
Medical Staff:	90
Full time employees	8
Contractor Specialists	21
Consultant Specialists	22
Residents	40
Building area	119,183 sq. ft.

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Texas Center for Infectious Disease

The Texas Center for Infectious Disease (TCID) opened in September 1953 as the San Antonio State Tuberculosis Hospital with a bed capacity of 408. Construction of eight additional nursing units was completed in September 1955, bringing the total bed capacity to 959 with several support buildings.

In 1971 the Legislature broadened the mission of the facility and changed the name to San Antonio State Chest Hospital. Changing patterns of care for patients with tuberculosis reduced the utilization of inpatient beds for treatment. In 1977, ten buildings were transferred from the San Antonio State Chest Hospital to create the San Antonio State School, leaving 150 inpatient beds at the hospital authorized to care for patients with tuberculosis and to house a pilot program for patients with chronic respiratory disease. A tradition of sharing services between San Antonio State School and San Antonio State Chest Hospital began at that time and continues today.

In 1993 the legislature again changed the name of the hospital to the Texas Center for Infectious Disease. TCID is authorized 109 inpatient beds; continues to operate an outpatient clinic and extensive laboratory programs; is the only facility in Texas that accepts patients who are TB-quarantined; provides Hansen's Disease clinics; and provides clinical support services for public health activities. TCID has the largest number of beds in one location in the United States utilized solely for patients with tuberculosis and other infectious diseases. It is Medicare-certified as a long term care center and is JCAHO accredited. TCID hosts and supports the Women's Health Laboratory, a provider of cytopathology screening services; the TB Research Laboratory, with innovative DNA fingerprinting and other sophisticated research in infectious disease; and the TB Education Center offering professional consultation and continuing education to Texas professionals treating TB and other infectious diseases.

Governance for TCID is delegated by the Texas Board of Health to the Hospital Oversight Committee functioning under bylaws established as Board rules. The Board of Health has custody, jurisdiction, and control of the maintenance and operation of the hospitals, and has ultimate responsibility for the quality of care provided.

The Commissioner of Health appoints each Hospital Oversight Committee to fulfill all duties regarding the hospital imposed on the Board by law. The committee functions in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards for hospital governance and fulfills the responsibilities of governance, with the exception of the non-delegable power and duty of the Board to adopt rules. The Commissioner directly appoints the Hospital Director to administer the hospital.

1997 Data-Texas Center for Infectious Disease

Admissions with primary diagnosis of TB 175 admissions

Average Length of Stay for TB adm.	122 days
Average daily census	67 patients
Male patients:	17.1%
Principle Age Groups: 25-44	51.7%
45-65	32.8%
Total outpatient visits	8,798
Medical	8,521
Hansen's disease	362
Staffing (non-physician)	310 full time employees
Annual payroll	\$1.2 million
Women's Health Laboratory	
Employees	34
Annual payroll	\$1.3 million
Medical Staff	36
Fulltime Employees	11
Consultant specialists	17
Post-graduate fellows	8
Building area	181,923 sq. ft.

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The University of Texas Health Center at Tyler

1997 DATA

Total admissions:	3315
TB admissions	169
Surgical admissions	366
Other admissions	278

Average length of stay for TB adm. 49.1

Average daily census **79 (Includes TB)**

Female patient admissions: 1526

Principal age groups: 25-44	361
.45-64	1164

Ethnicity:	Black-18.6%	Indian-0.2%	White-78.2%
	Hispanic-2.6%	Unknown-0.1%	Other-0.3%

Total outpatient visits:	
Medical	104,139
GYN clinics	632 (phys visits)
Pediatric clinics	3,818 (phys visits)

Staffing (non-physician)	1,118 (excludes hourly & prn)
Annual payroll	\$44,243,473

Medical Staff:	68
Full time employees	70
Contractor Specialists	30
Residents	21

Building area **700,031 sq. ft.**

Acreage **614**

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Women's Health Laboratory, Bureau of Clinical and Nutritional Services

BRIEF PROGRAM DESCRIPTION, including services provided: The Women's Health Laboratory (WHL) is part of the Texas Department of Health's system of laboratories. It is headquartered in San Antonio, at the Texas Center for Infectious Disease. WHL specializes in preventative screening services. The largest component of practice is anatomic pathology. Case mix includes Gynecologic Cytopathology, Non-Gynecologic Cytopathology & Surgical Pathology, sexually transmitted disease screening services and a wide range of clinical laboratory services.

WHL provides laboratory services to Health Care Providers throughout Texas. Its clients are located in 221 Texas counties. For over 20 years its laboratory services have been focused towards prevention, public health and rural health needs. Its professional staff is made up of Board Certified Pathologists, Cytopathologists, Ph.D.'s, MBA's, Cytotechnologists, Medical Technologists, Histotechnicians and Microbiologists. Our support staff is highly trained to assist in specimen processing and client support services.

WHL's dedication to quality is demonstrated by accurate test results. Commitment to quality is evident by our Continuous Quality Improvement Program; affiliation with the University of Texas Health Science Center, Department of Pathology and St. Phillips College to provide practical training and education to health care professionals; mentoring program for new employees; and maintenance a central database for following patients with cervical disease and for epidemiologic studies. This database also serves as a resource for State-wide education about pap smears.

The addition in 1998 of the TCID laboratory to WHL has enabled WHL to expand the range of services offered to its customers, to include infectious disease screening (especially TB), fungal mycology, TB drug level monitoring by HPLC, MIC testing for TB sensitivity and FP and Maternity clinical testing.

POPULATION SERVED: Title V, X, XX; Title XV (Breast and Cervical Cancer Control Program); EPSDT; Title XIX (Medicaid); and Medicare public health patients seen at over 700 health care provider sites throughout Texas that provide Family Planning, Maternity and Adult Health services. TDMHMR-San Antonio State Hospital and State School. Texas Center for Infectious Disease and South Texas Hospital.

NUMBER SERVED IN FY-97: Paps - 236,205, Gen-Probes - 48,072, Biopsies - 5448, Non-Gyn cytology - 630, Clinical lab tests - 153,361

FUNDING SOURCES: State appropriations, Reappropriated Receipts

Note: Collections exceed amount of reappropriated receipts listed below.

AMOUNT BY FUNDING SOURCE FOR FY-97:

State appropriations:	3B305; - \$1,257,759.74	2B271 - \$908,465.90
Reappropriated Receipts:	3B305 - \$ 329,599.58	2B271 - \$ 57,948.80